

Doctor – Patient – Nurse: Negotiations of Trust and Authority in 20th Century U.S. Mental Illness Narratives

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20th century U.S. literature features many prominent engagements with mental illness and psychiatric care. While a majority of the better known depictions of life in psychiatric care are at least partly autobiographical in nature, such as Mary Jane Ward's *The Snake Pit* (1948) and Sylvia Plath's *The Bell Jar* (1963), some fictional accounts, like Ken Kesey's *One Flew over the Cuckoo's Nest* (1962) and Wally Lamb's *I Know This Much Is True* (1998), have reached a wide audience and are still popular reads today. Whether fictional or based on personal experience, these works grant an (often critical) insight into a part of American society that had been almost completely removed from public life for the greater part of the century, thus countering the silence "between madness and reason" which Michel Foucault ascribed to the modern age (x). In this talk, I will provide readings of literary texts covering the timespan from the early to the late 20th century, with a focus on narrative and stylistic ramifications of changing concepts of trust and authority. In order to highlight the intricate interplay between literary, political and scientific discourses on psychiatry and mental health, I will briefly refer to each text's context within the history of psychiatric care.

My talk will discuss the following works:

- Clifford Whittingham Beers' memoir *A Mind That Found Itself*, published in 1908
- Joanne Greenberg's autobiographical novel *I Never Promised You a Rose Garden*, first published in 1964 under the penname "Hannah Green"
- Ken Kesey's novel *One Flew over the Cuckoo's Nest*, published in 1962 and
- Susanna Kaysen's memoir *Girl, Interrupted*, published in 1993.

This selection is meant to showcase critical literary engagements with psychiatric care at different times of the past century while examining different narrative and stylistic forms. Sadly, it is no coincidence that the list only comprises white authors. Racism, systematic oppression and discrimination along with firmly entrenched cultural beliefs have not only severely limited the availability and quality of mental health treatment for African Americans to this day, but aggravated the stigma of mental illness in Black communities (Umeh). Hence, it is only recently that the treatment and the experiences of African Americans with mental health issues has come under greater scrutiny. Similarly, African American stories about mental illness, such as Bebe Moore Campbell's *72 Hour Hold*, published in 2006, and Monica

Coleman's *Bipolar Faith*, published in 2016, have only found their way onto the book marked in the past couple of decades.

Clifford Beers' memoir *A Mind That Found Itself* recounts the three years he spent in private and public institutions after a suicide attempt in 1902. A Yale graduate from New Haven, Connecticut, Beers suffered from depression, anxiety, hallucinations and paranoia for much of his life. The experiences detailed in his memoir led him to become an advocate for a humane and compassionate treatment of the mentally ill and one of the leading figures of the mental hygiene movement, promoting better training of hospital attendants and education of the public on mental health.

The 19th century had seen the establishment of dozens of mental hospitals throughout the United States, not in small part thanks to the activism of Dorothea Dix, who had observed the desperate condition many people with mental illnesses had to live in, being incarcerated with criminals, left unclothed and in darkness and without heat or bathrooms. By the end of the century, most mental hospitals in the U.S. became overcrowded, leaving little room for individualised treatment. In 1887, journalist Nellie Bly exposed the poor conditions at the New York City Mental Health Hospital, calling it "a human rat-trap" (93) after having spent ten days at the institution posing as a patient.

Beers' account is similarly sinister, though as he points out, his aim in publishing it is not to accuse specific institutions, but to expose general flaws in the treatment of the mentally ill:

I am not writing an exposé of the three hospitals in which I was confined. The evils they represent are almost universal, and I do not propose to becloud the main issue, which is the need of a movement to eliminate these evils everywhere. For this reason and, in some instances, for charity's sake, I suppress the names of those who were in authority over me. (Beers 62)

Authority and trust appear on two levels in Beers' memoir. On one hand, the text's main accusation against mental institutions – apart from physical abuse – is their abuse of the authority given to them by law and of the trust placed in them by patients and families. On the other hand, Beers' own authority in his multiple roles as protagonist, narrator and implied author has to be established. The reader has to trust Beers-the-narrator that he provides a reliable account of the past, while Beers-the-protagonist needs to emerge as a character whose perception may be trusted (since it is the main source of the account).

The following excerpt may illustrate these two levels. Beers relates being put into a straight-jacket by a doctor he chooses to call “Jekyll-Hyde” because of his deceitful nature:

After he had laced the jacket, and drawn my arms across my chest so snugly that I could not move them a fraction of an inch, I asked him to loosen the strait-jacket enough to enable me at least to take a full breath. I also requested him to give me a chance to adjust my fingers, which had been caught in an unnatural and uncomfortable position.

“If you will keep still a minute, I will,” said Jekyll-Hyde. I obeyed, and willingly too, for I did not care to suffer more than was necessary. Instead of loosening the appliance as agreed, this doctor, now livid with rage, drew the cords in such a way that I found myself more securely and cruelly held than before. This breach of faith threw me into a frenzy.” (Beers 127)

In Beers’ narrative, the patient’s frenzy is caused by the doctor’s abuse of the trust laid upon him. The abusive nature of the action is underlined by the fact that the patient’s request is not unreasonable and that the doctor is described as “livid with rage” before the patient is “[thrown] into a frenzy”.

During the first half of the 20th century, Psychoanalysis became established as a treatment for neurotic disorders, but custodial care and physical treatments (hydrotherapy, electrotherapy, insulin therapy, lobotomy) were still the norm for psychotic disorders such as schizophrenia. One of the psychoanalysts who insisted that even the latter could be treated with psychotherapy was Dr Frieda Fromm-Reichmann, the model for the fictional Dr Clara Fried in Joanne Greenberg’s *I Never Promised You a Rose Garden* (1964).

Greenberg’s autobiographical novel recounts the story of teenage girl Deborah Blau as she is treated for schizophrenia by Dr Fried while committed to a mental hospital. The story is told by a heterodiegetic third-person narrator who is able to share insights into the mind of any character, though the novel is mostly focalised through Deborah. As Greenberg points out in an afterword to a later edition of the book:

I didn’t want to write a case history; I wanted to show what being mentally ill felt like, how it felt to be so deeply estranged from the world. To do this requires cutting away great swaths of time, eliminating people and events, yet trying to remember as accurately as possible what remains. What was the therapy like? How did life feel? (288)

I Never Promised You a Rose Garden follows Deborah's treatment from the moment she is first brought to the mental hospital by her parents until three years later, when she manages to leave the institution and pass an exam which attests her an education equivalent to having graduated from high school. Much of her successful re-entry into society is accredited to the work of Dr Fried, who helps Deborah to uncover the sources of her illness with a lot of empathy and professional flair. The importance of the doctor's empathy in winning the patient's trust may be highlighted by contrasting Deborah's exchanges with two different doctors at the mental hospital. In an early session with Dr Fried, Deborah tells her about the traumatic experience of having a tumour removed at the age of five and being repeatedly lied to by doctors, assuring her that the procedure would not hurt.

As she told it, she looked at Dr. Fried, wondering if the dead past could ever wake anything but boredom in the uncaring world, but the doctor's face was heavy with anger and her voice full of indignation [...]. 'Those damn fools! When will they learn not to lie to children! Pah!' and she began to jab out her cigarette with hard impatience.

'Then you are not going to be indifferent...' Deborah said, walking very gingerly on the new ground.

'You're damn right I'm not!' the doctor answered. (Greenberg 41)

What is intriguing about this passage is that both the doctor's empathy and Deborah's insecurity at this early stage are reflected in physical signs as well as in speech. The doctor's angry facial expression and the forceful way in which she extinguishes her cigarette give more weight to her assurance that she is not indifferent.

A stark contrast to this is offered in the character of Dr Royson, a male psychiatrist who takes over Deborah's therapy while Dr Fried is on a trip to Europe. In their very first session, Deborah gives away her nickname for Dr Fried, borne from the language of the parallel world she retreats to during her psychotic episodes:

"I'm out of Novocain because Furii took it away with her."

"Who is that? Who took it away?" He jumped on it as if it were some prize.

"The doctor—Dr. Fried."

"You called her something else—what else did you call her?" The same demand, like a pickax.

"Just another name."

“Oh, the Secret Language,” and he leaned back. Comfortably on safe ground, it looked to her. It was in the book on page ninety-seven. It was All Right. (Greenberg 166)

Dr Royson’s speech and movements are guided by his professional interest in Deborah, rather than an empathy for her condition. While he “jump[s] on” the opportunity to uncover something new about her, he “lean[s] back” as soon as he feels “safe” about this knowledge on Deborah. Dr Royson is a good example of a foil character. His physical and emotional distance help to emphasise Dr Fried’s empathy which creates the trust needed for Deborah’s recovery.

The second half of the 20th century saw several developments which brought about lasting change to psychiatric care in the U.S. The success of the first effective antipsychotic drug Chlorpromazine (marketed as “Thorazine”) in 1953 sparked an increase in research into psychoactive medication. Meanwhile, the anti-psychiatry movement, questioning the very concept of mental illness, gained traction in the 1960s and 70s.

In line with the premises of the anti-psychiatry movement, Ken Kesey’s novel *One Flew over the Cuckoo’s Nest* (1962) puts into question whether psychiatric patients have mental illnesses, suggesting they simply do not fit into a society with very rigid structures. This is in part exemplified by the homodiegetic narrator Chief Bromden, whose mental and (perceived) physical fragility appears to stem from stigma and medication more than from any innate illness. Society’s rigid structures, however, are most prominently reflected in the strict hierarchy which dominates the life in the mental hospital. Harding, a fellow inmate at the mental hospital explains this to the story’s anti-hero, Randle McMurphy:

“He knows all Ratched has to do is pick up that phone you see sitting at her elbow and call the supervisor and mention, oh, say, that the doctor seems to be making a *great* number of requisitions for Demerol –”

“Hold it, Harding, I’m not up on all this shop talk.”

“Demerol, my friend, is a synthetic opiate, twice as addictive as heroin. Quite common for doctors to be addicted to it.”

“That little fart? He’s a dope addict?”

“I’m certain I don’t know.”

“Then where does she get off with accusing him of –”

“Oh, you’re not paying attention my friend. She doesn’t accuse. She merely needs to insinuate, insinuate anything, don’t you see? [...]” (Kesey 56–57)

Nurse Ratched's authority inside the psychiatric ward is based on her friendship with the supervisor and her strategy of sowing mistrust. In his fight against her, McMurphy tries to be just as cunning, but finally resorts to physical assault. Both characters are silenced by the incidence: Nurse Ratched by the injury sustained, McMurphy by a lobotomy he received as a consequence of his violent behaviour. Deprived of the two most powerful figures, most patients are able to leave the ward, suggesting that it was institutionalised authority which hindered their improvement.

With this, I come to my last example, Susanna Kaysen's memoir *Girl Interrupted*. Again, I will start out with some context: In 1963, President Kennedy signed the "Community Mental Health Act", promoting deinstitutionalisation and the establishment of community mental health centres, almost 800 of which were established by the late 1980s. Towards the end of the 20th century, state funding for communal health care declined, leaving more people with severe mental illnesses on the streets or in prison. In 1980, the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) brought about a new standard of classifying mental illnesses in terms of symptoms rather than causes. Focusing on symptoms brings mental illnesses closer to physical disorders, a development which is aided towards the end of the century by a surge in neuroscientific research, establishing the brain as the origin of mental illnesses and the target for their cure.

It is in the light of these developments that Susanna Kaysen revisits the two years she spent at McLean Hospital as an 18-year-old in the late 1960s. Writing her memoir in 1993, Kaysen includes the DSM-III definition of borderline personality disorder, the illness she was diagnosed with, as a chapter in her book. She then comments as follows:

So these were the charges against me. I didn't read them until twenty-five years later. "A character disorder" is what they'd told me then.

[...]

It's a fairly accurate picture of me at eighteen, minus a few quirks like reckless driving and eating binges. It's accurate but it isn't profound. Of course, it doesn't aim to be profound. It's not even a case study. It's a set of guidelines, a generalization. I'm tempted to try refuting it, but then I would be open to the further charges of "defensiveness" and "resistance."

All I can do is give the particulars: an annotated diagnosis. (162)

Likening her diagnosis with criminal charges, Kaysen underlines the role social control played in her personal history with mental illness. By providing an “annotated diagnosis” with her memoir, Kaysen underlines the importance of personal narrative in healthcare, which has become one of the main tenets of interdisciplinary fields such as the medical humanities and narrative medicine in the past few decades.

Kaysen’s memoir pays tribute to the great gap between her commitment to a mental hospital and the time of her writing by abstaining from providing a complete narrative. Rather, she assembles various episodes in chapters of seldom more than a few pages. While still following a mostly chronological structure, the many gaps in the narrative acknowledge the author’s limited memory after more than twenty years. Simultaneously, they put special emphasis on the selected episodes, suggesting that Kaysen self-reflectively chose the ones she had the clearest memory of. Kaysen strengthens her own authority over the telling of her story by including various official papers documenting her time at MacLean Hospital. By providing a frame through adding much more detail with her narrative, she is able to subvert the authority of these official documents and the diagnoses and assessments of Kaysen’s character they promote.

I hope this selection of texts has shed some light on how concepts of authority and trust in 20th century U.S. mental illness narratives reflect developments in psychiatric care, psychology and cognitive sciences and how literary engagements offer an important commentary on psychiatric practice. Furthermore, my aim was to show that despite major changes in the understanding, classification and treatment of mental illnesses throughout the 20th century, trust between patients and medical staff is a – if not the – chief factor in literary stories of recovery.

Thank you very much for your attention. I look forward to hearing your comments and questions.

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